



SUD Module C:

Care Management



or.....

**How to not cure
anyone
& still accomplish
something
& go home happy**



What is the problem?



If we already know this, then what is the problem?



- Initial models of addiction treatment emphasized the need for total and permanent abstinence (i.e., permanent remission, cure)
- Anything less was a failure (dichotomous outcome criteria)



What is the problem?

- Addiction treatment developed separated from medical and psychiatric treatment
- Psychiatry in particular was excluded
- Any treatment outside of specialized units was considered inadequate or worse (enabling)

Barriers to providing care for chronic addiction



- Programmatic dogmatism and idealism
- Lack of understanding among policymakers, society, and MCOs
- Political and regulatory climate

Barriers to providing care for chronic addiction



- Lack of training in addiction treatment
- Lack of models for care management
- Goal setting and treatment planning

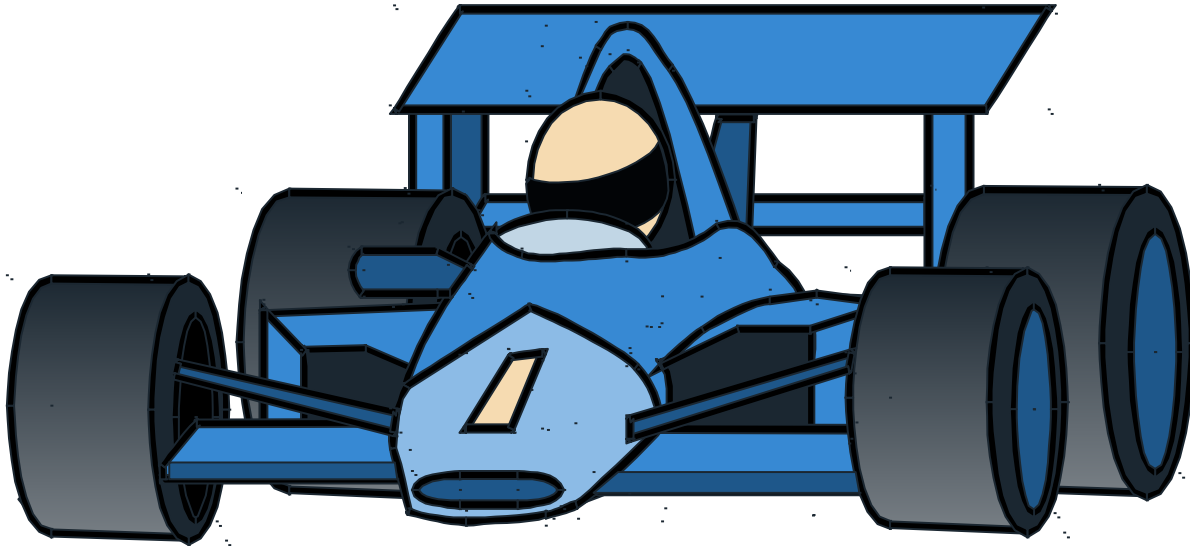


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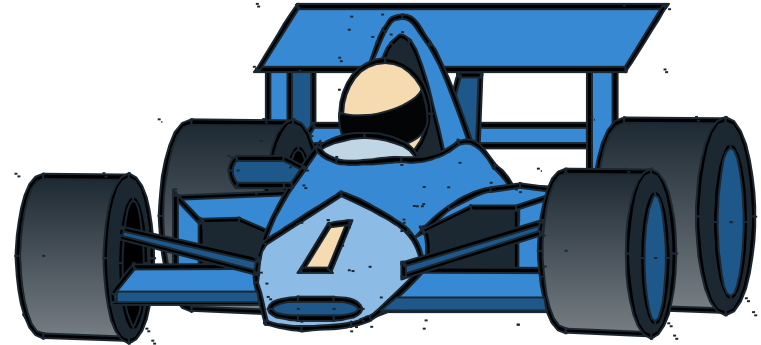


- Clients have severe problems
- Programs don't work, won't accept clients, or clients won't go
- If clinicians act, they are accused of enabling, or doing too much w/o results
- If clinicians do not act, they are accused of neglect, doing too little

So we needed a new model...



A model that:

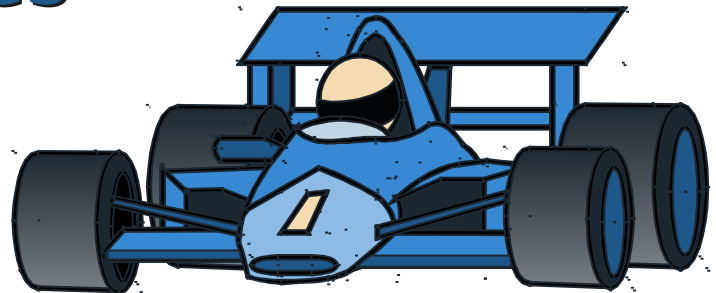


- Accepts chronicity
- Recognizes limits of treatment methods
- Is palliative (non-curative) in nature



A model that:

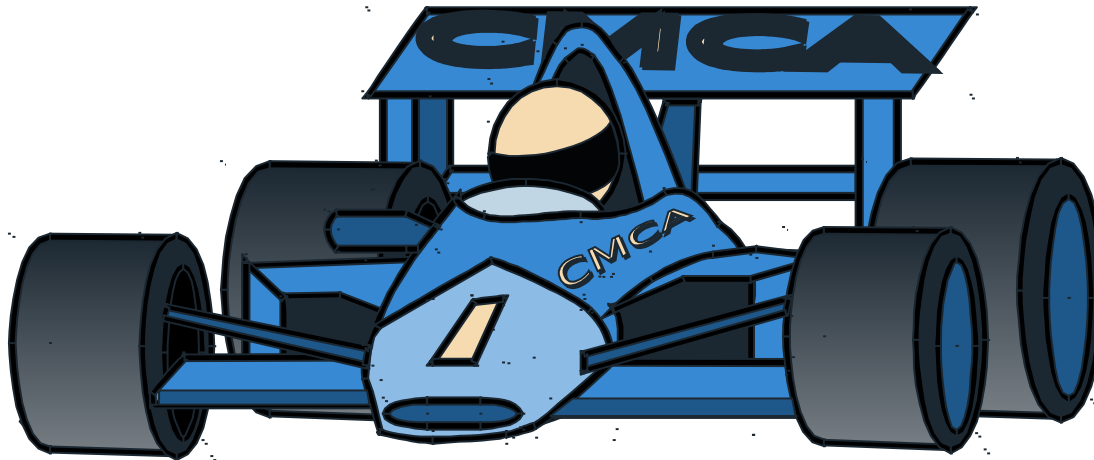
- Stresses long term management (years to decades)
- Treats addiction like other chronic diseases such as bipolar disorder or diabetes



That new model is...

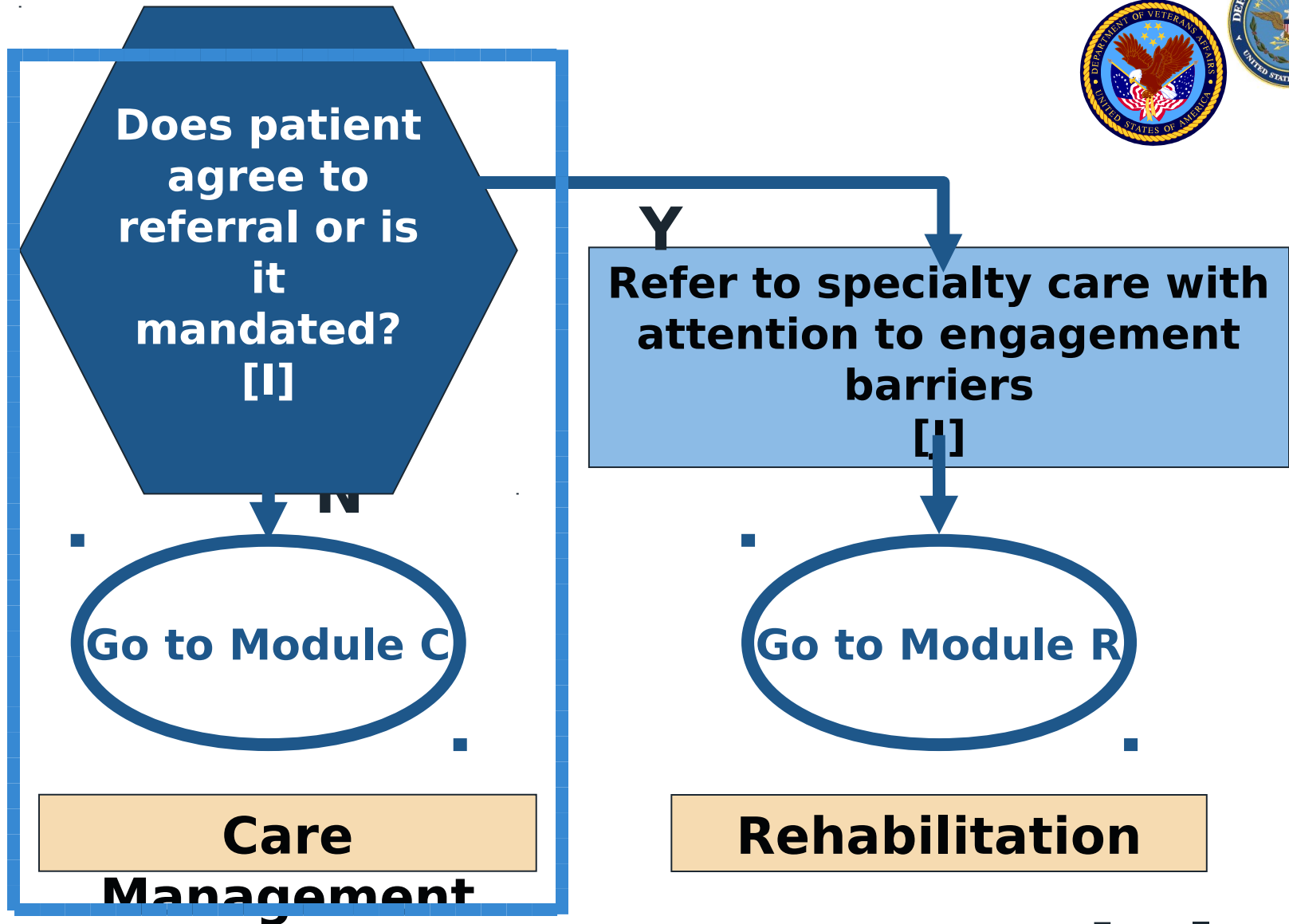


Care Management For Chronic Addiction

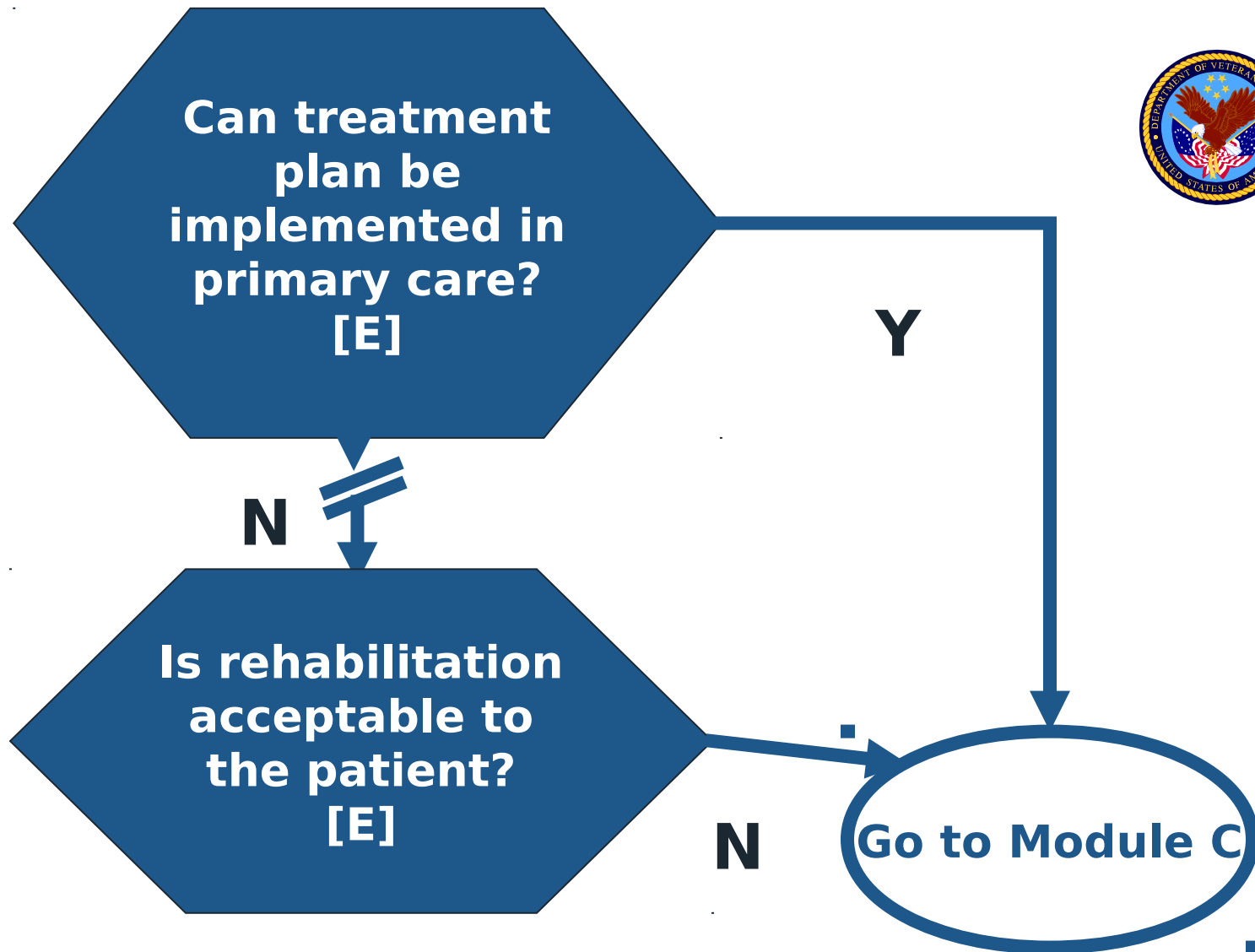


Application of CMCA





From Module A



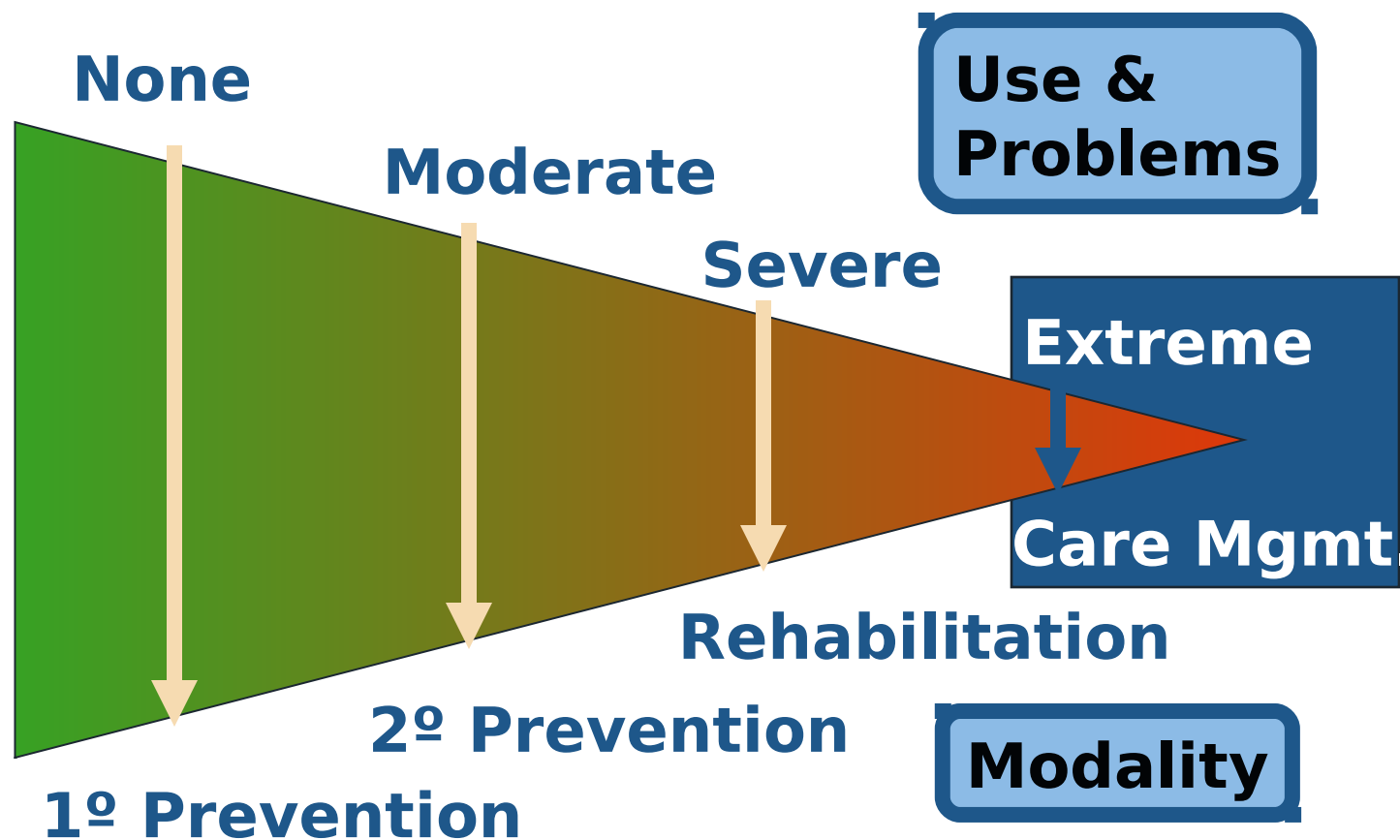
From Module R

Care Management Indications



- Moderate to extreme severity
- Unwilling to commit to change
- Unable to participate in rehabilitation
- Poor response to multiple attempts at rehabilitation
- Willing to engage in therapeutic relationship

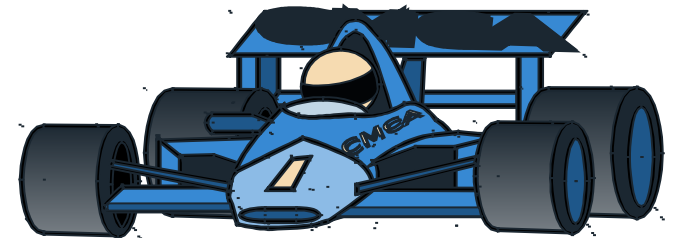
Continuum of Care for Addictions



CMCA Goals



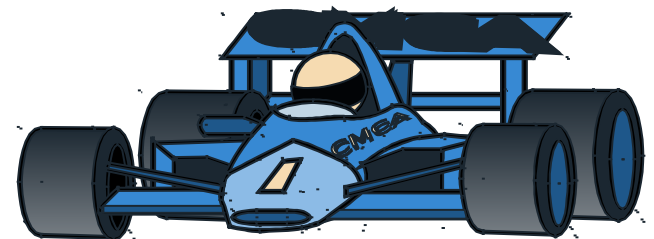
- Engagement
- Coordination of care
- Reduce suffering
- Treat complications
- Improve motivation to change





CMCA Goals

- Induce remission when possible
- Prevent/limit relapse
- Slow rate of deterioration
- Reduce use of expensive, ineffective services





**Patient in need of
care management
[A]**

**Is care
management
acceptable to
the patient?
[B]**

N

**Provide episodic
attention to
substance use
Reassess
periodically
[I]**

- **Episodic care only**
- **Crisis intervention**
- **Case management**
- **Continue attempts to engage**
- **Involuntary treatment when indicated**
- **Asset management when indicated**



**Is care
management
acceptable to
the patient?
[B]**

Y

**Implement/continue care
management plan in
specialty care or primary
care
[See side bar]
[C]**

CMCA Principles

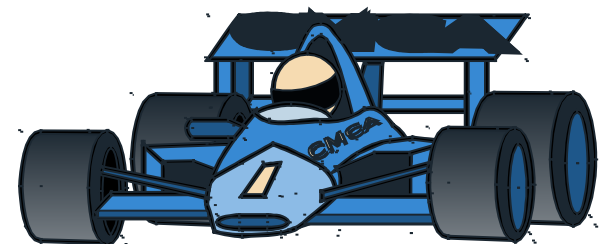


- Supportive, engaging approach
- Document substance use systematically at each visit



Document substance use:

- Drinking or using days last 30
- Typical # drinks/drinking day
- Max # drinks/24 hrs last 30
- Bingeing



**Implement/continue care
management plan in specialty
care or primary care
[See side bar]
[C]**

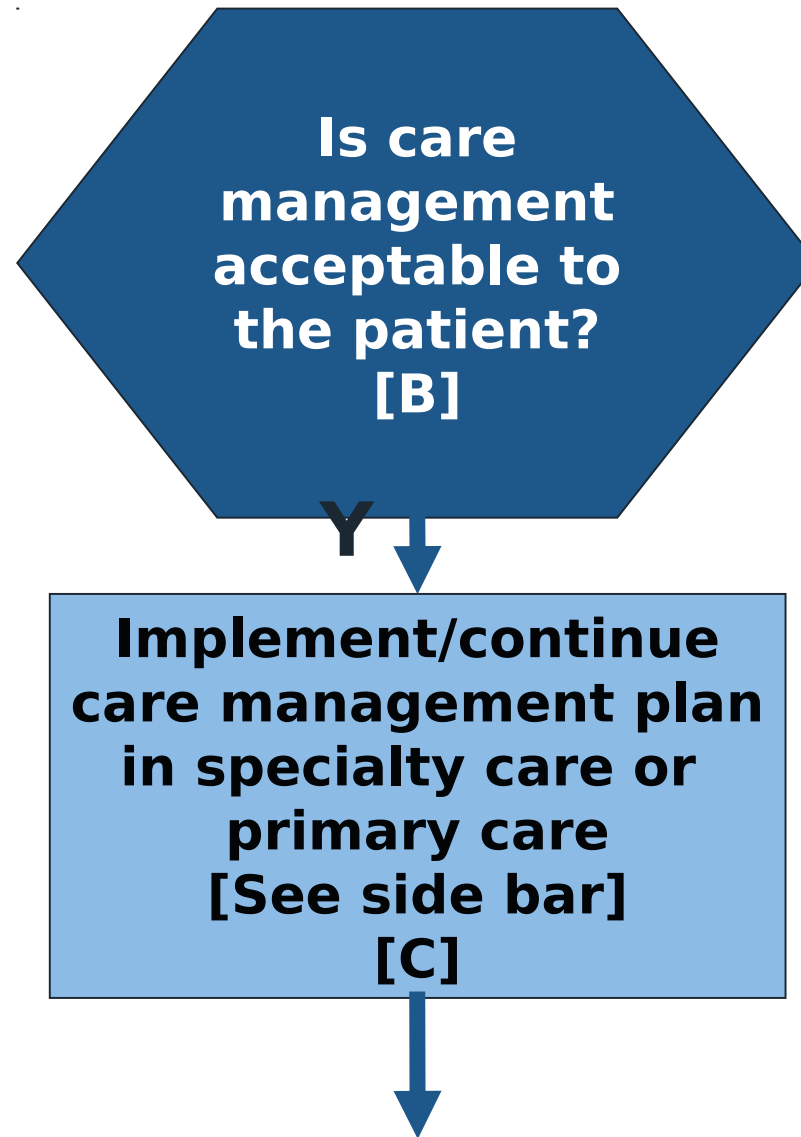


- Monitor substance use
- Monitor biological indicators
- Encourage reduction or abstinence
- Provide motivational support
- Educate about substance use and associated problems
- Recommend self help groups

**Implement/continue care
management plan in specialty
care or primary care
[See side bar]
[C]**



- Address social functioning needs
- Address financial and housing needs
- Address nicotine use as appropriate
- Provide opioid agonist therapy if appropriate
- Provide crisis intervention as needed
- Provide care coordination





**Consider use of
addiction focused
pharmacotherapy
(Use Module P)**



**Reassess progress
periodically**



**Has stable
remission been
achieved?
[E]**

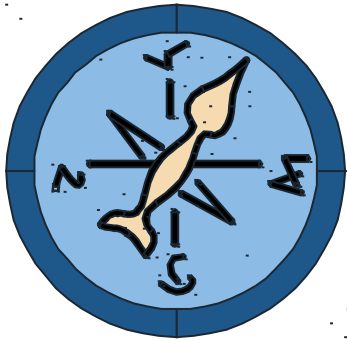


**Has stable
remission been
achieved?
[E]**

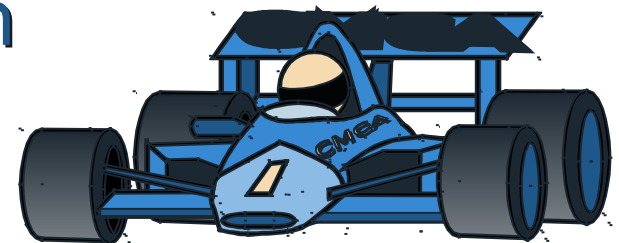
Y
Follow up in primary care
Monitor substance use
**Monitor biological
indicators**
**Encourage continued
reduction
or abstinence**
**Provide motivational
support**

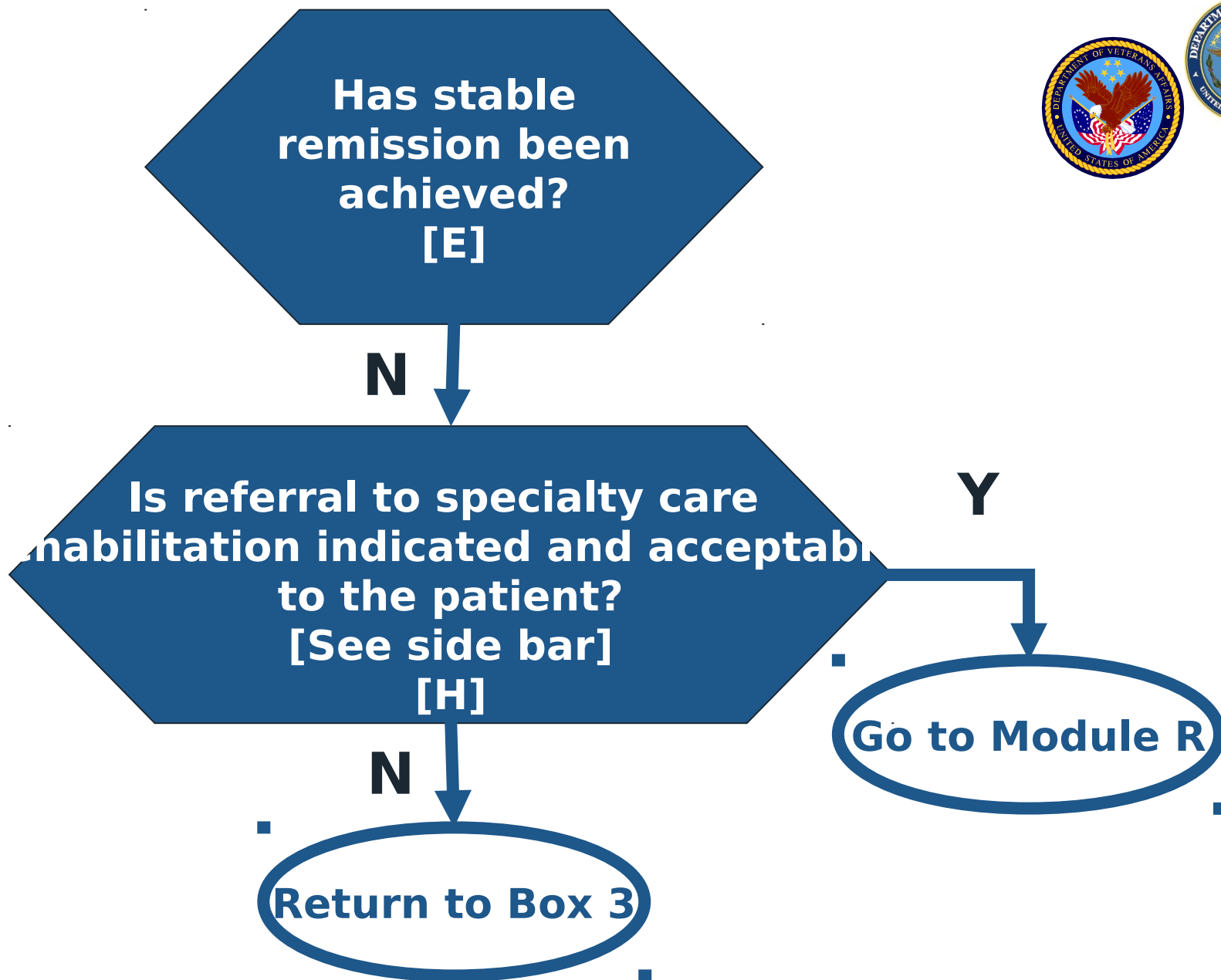
**Educate about substance
use, associated problems
and prevention of relapse
[G]**

CMCA Reassessment



- Reassess goals periodically
- Long-term, ideal goal remains full remission and improvement in all co-existing conditions
- Refer to rehab when goals change







**Implement/continue
care management plan
in specialty care or
primary care
[See side bar]
[C]**

**Reassess progress
periodically**

Return to Box 3



Application of Care Management:

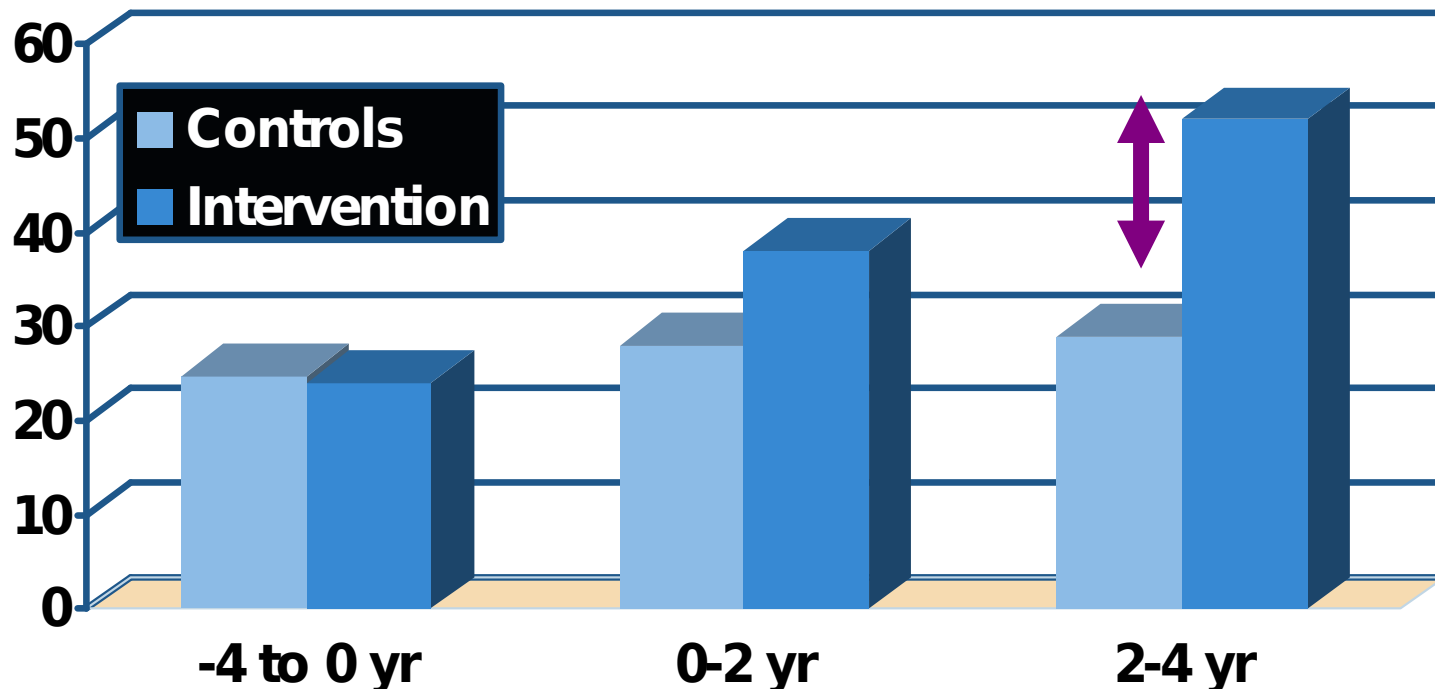
Medically Ill Heavy Drinkers

Application of Care Management:



Medically Ill Heavy Drinkers

Sick days per person per year



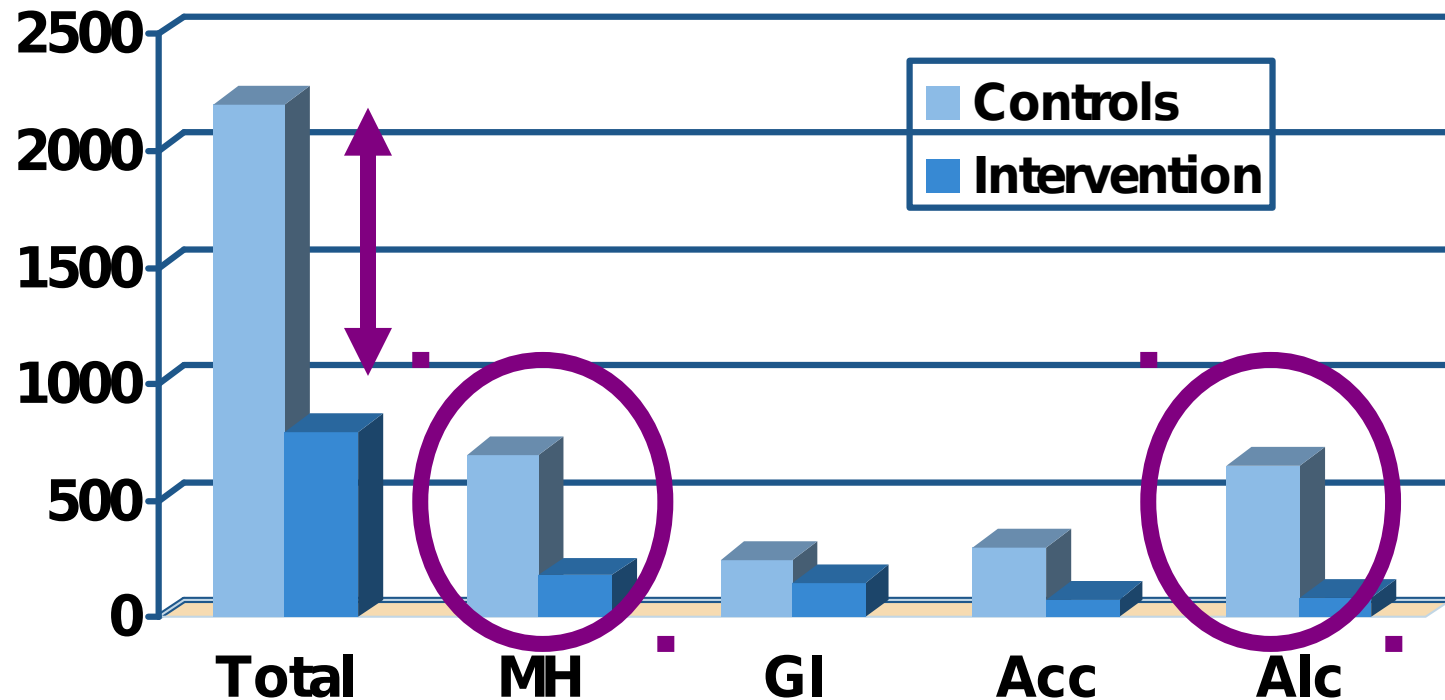
Kristenson et al., 1983



Application of Care Management:

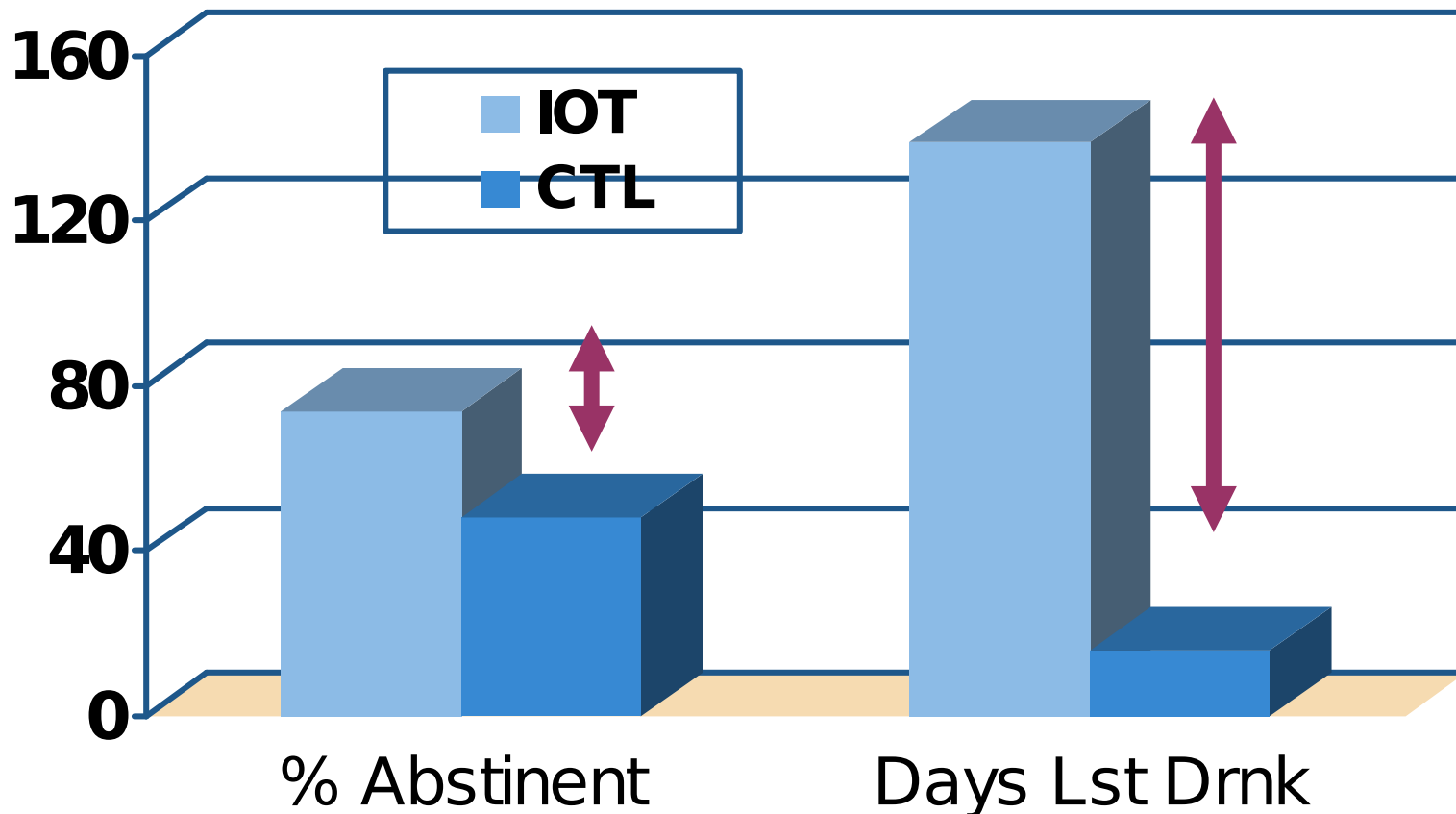
Medically Ill Heavy Drinkers

Hospital Days After 5 Years



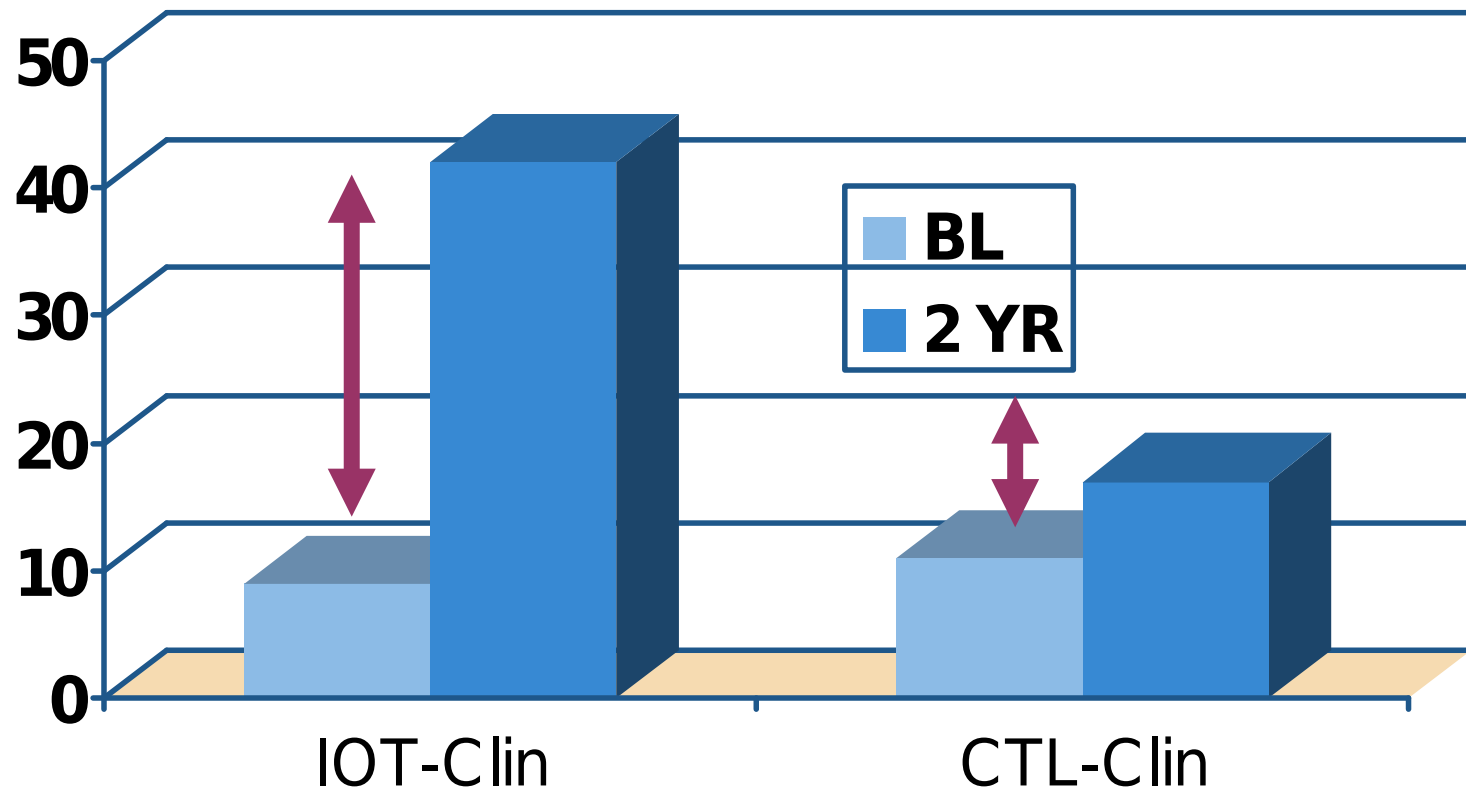
Kristenson et al., 1983

IOT 2 Year Results



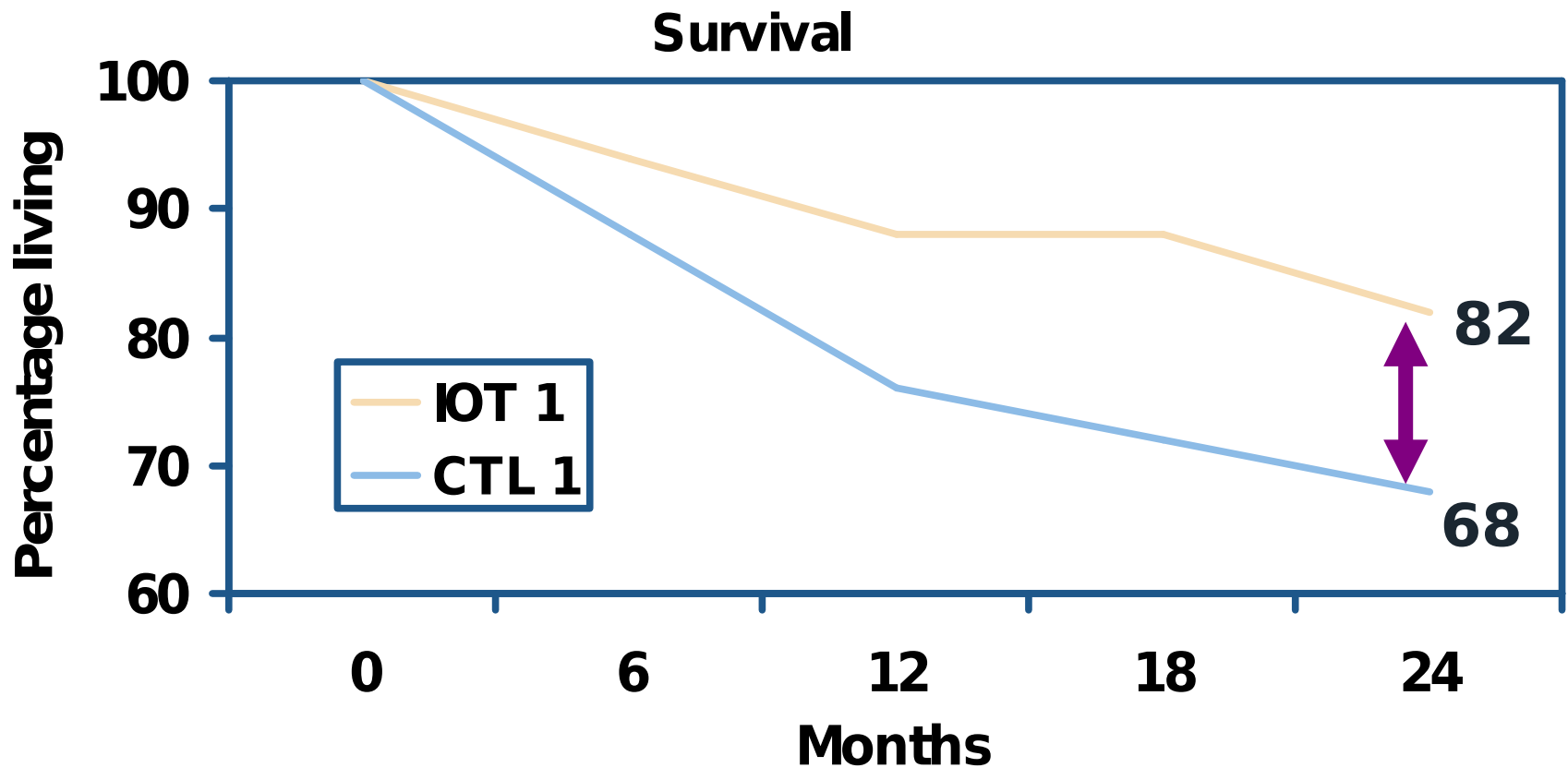
Willenbring and Olson, 199

IOT Results



Willenbring and Olson, 1999

IOT for Medically III Alcoholics

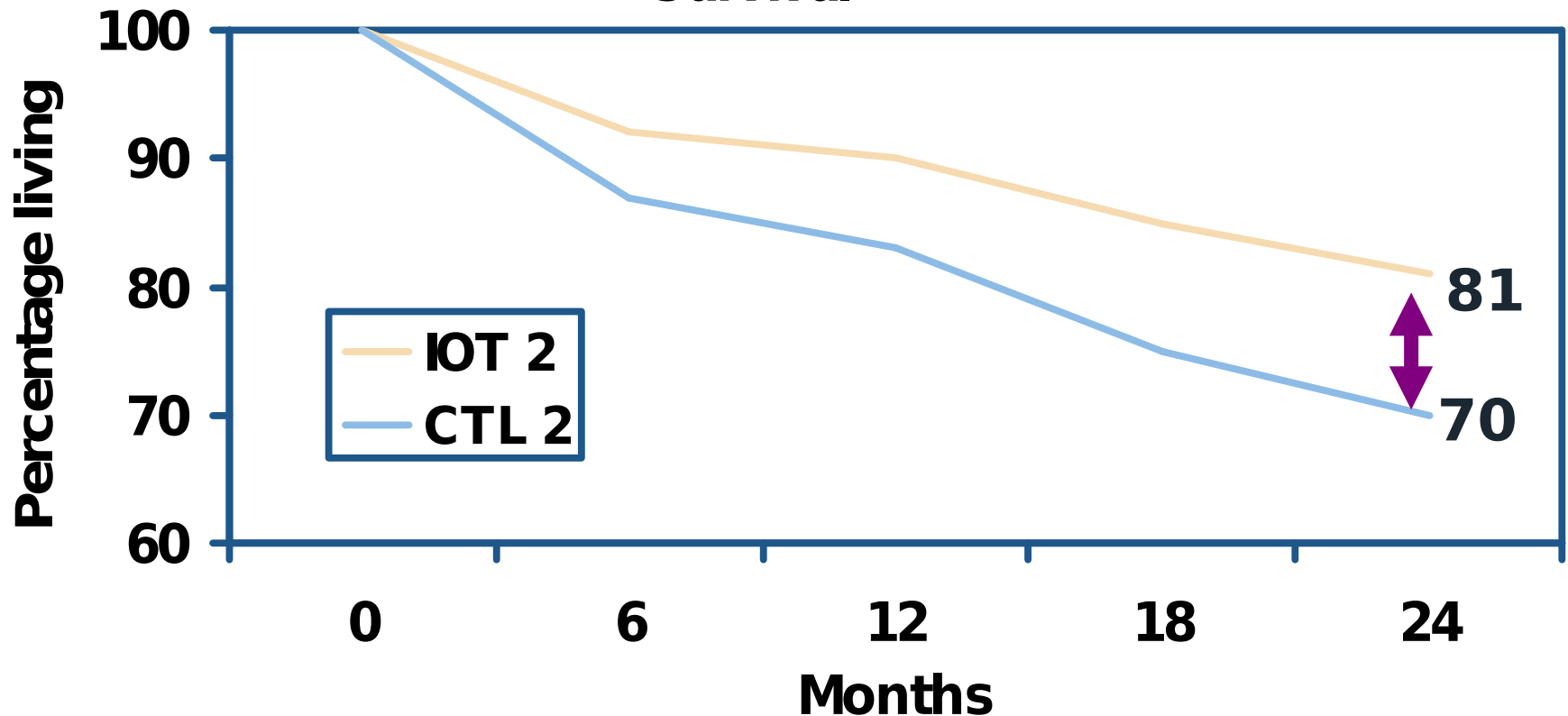


Willenbring, et al., 1994

IOT for Medically III Alcoholics



Survival



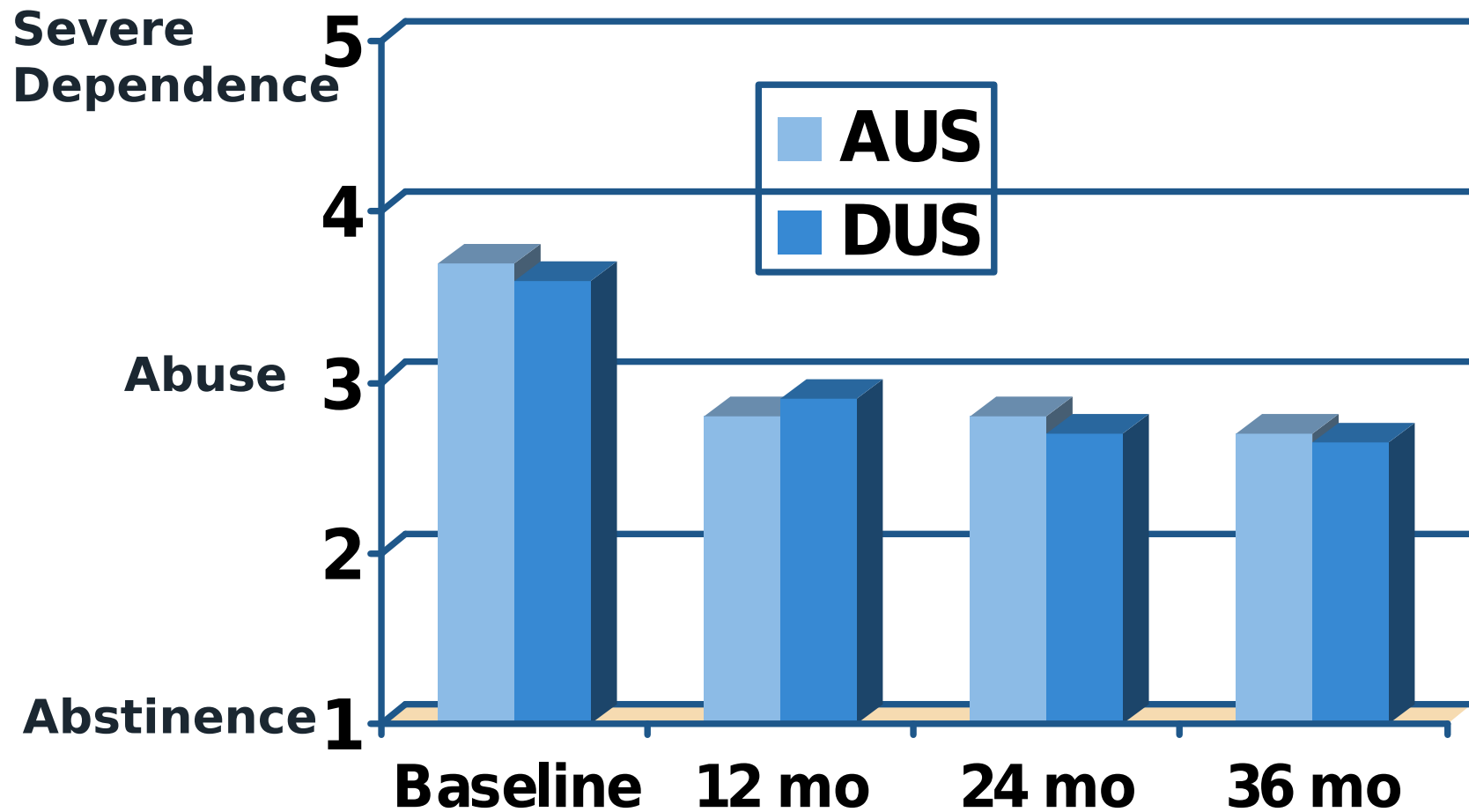
Willenbring and Olson, 1999



Application of Care Management:

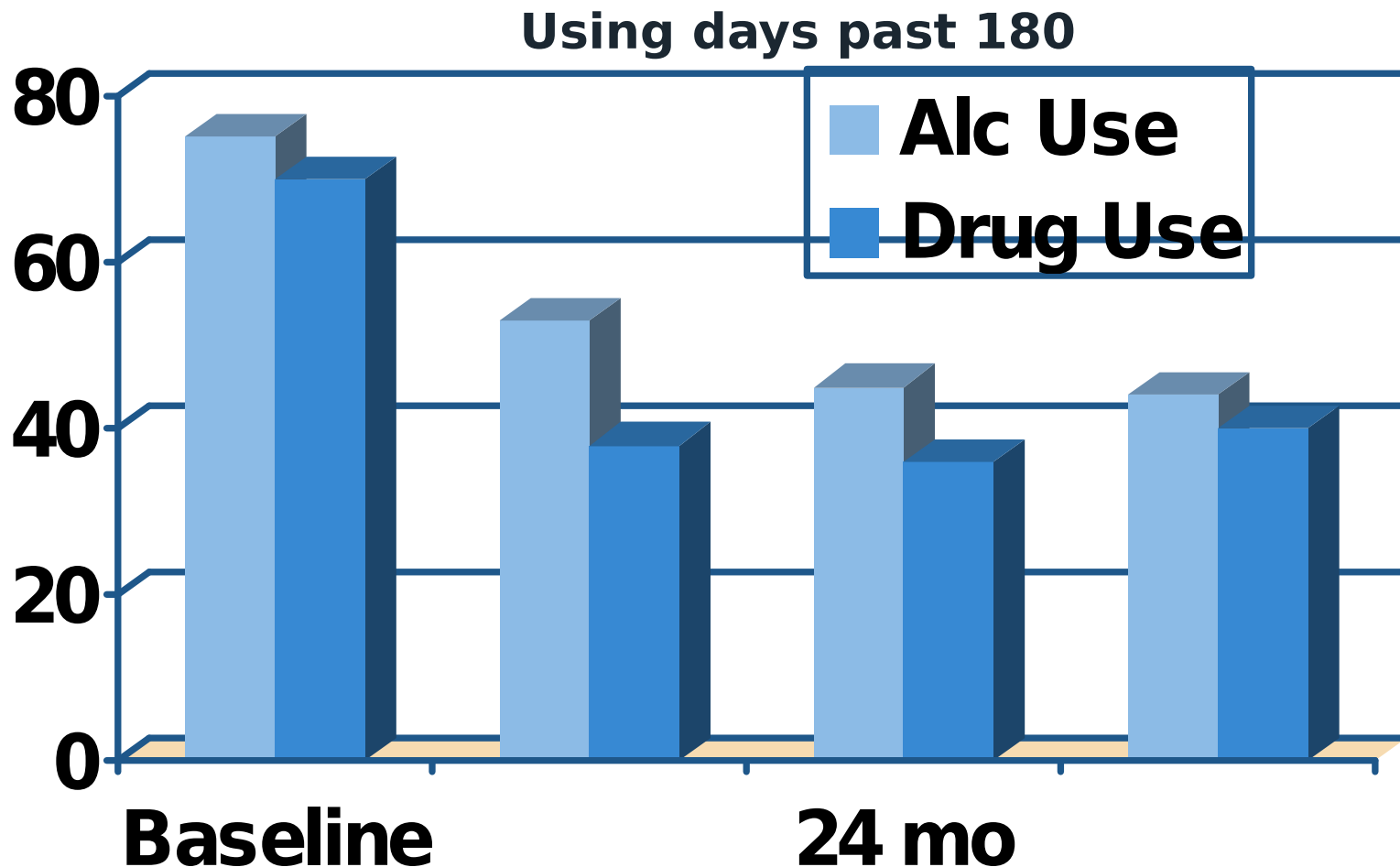
**Coexisting Mental and
Addictive Disorders (COMAD)**

Improvement in COMAD



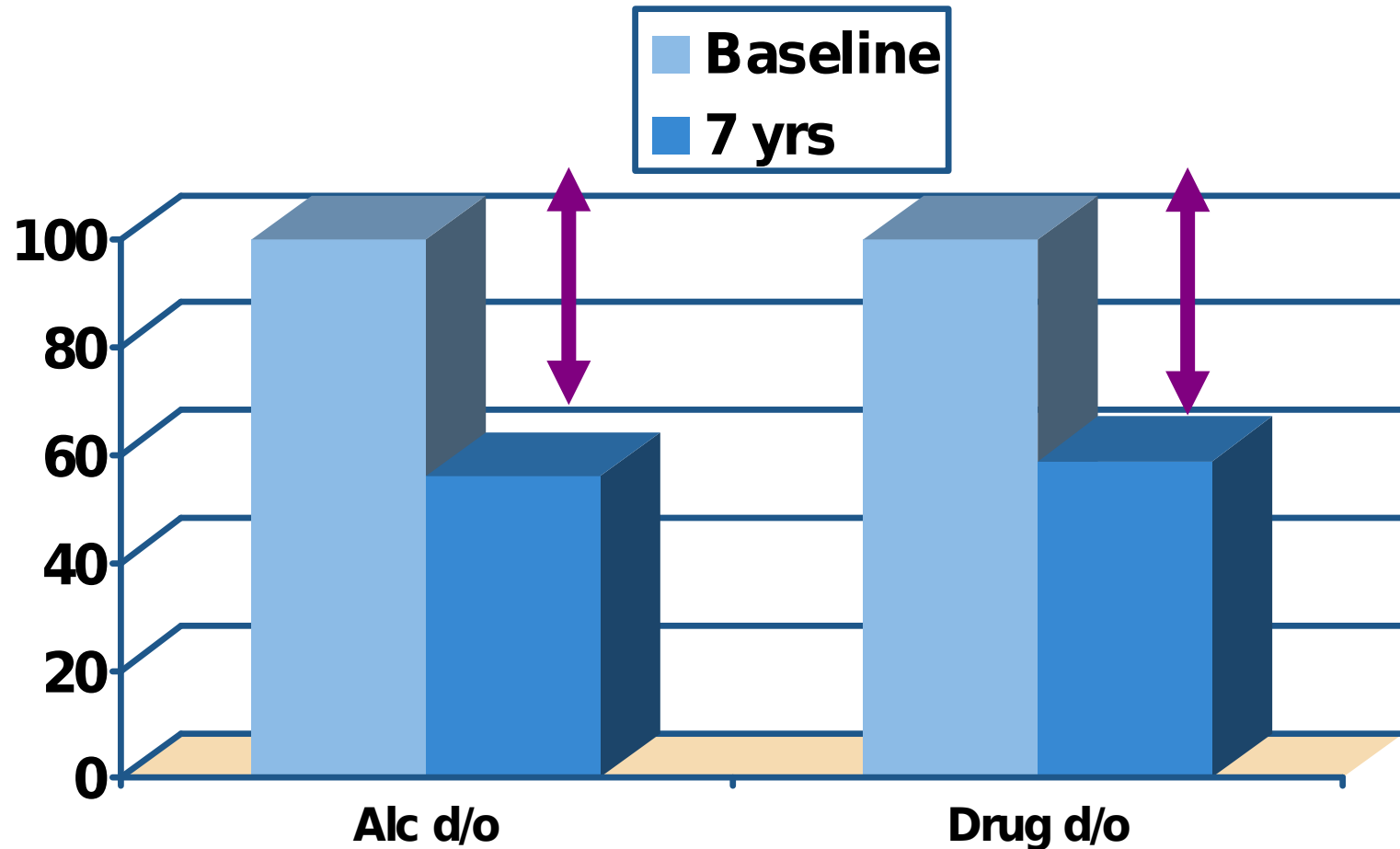
Drake et al., 1998

Improvement in COMAD



Drake et al., 1998

Improvement in COMAD



Bartels et al., 1995

Summary



- Care management is a pragmatic approach to treating substance use disorders as a chronic illness.
- Care management can be applied by any professional in any setting
- Evidence to date shows a better long-term prognosis than is commonly appreciated.

